Oxford, 1990, pp. 37–59; Peter Stein, 'The Legal Philosophy of the Scottish Enlightenment', in *Rechtsphilosophie der Aufklärung*, ed. R. Brandt, Berlin and New York, 1982, pp. 61–78.

79. I had done much the same at some length in 'The Duties of an Eighteenth-Century Physician', pp. 40–6.
80. Thomas Reid, *Essays on the Active Powers of Man*, in his *Philosophical Works*, ed. W. Hamilton, Edinburgh, 1895, p. 642. The arrangement around the three duties was particularly reinforced by Samuel Pufendorf's *De iure naturae et gentium* (1672) and *De officio hominis et civis* (1673). The latter was the most influential modern moral-philosophy text across Protestant Europe for much of the eighteenth century, and it had great impact in Scotland from the 1690s; see the papers by Moore and Silverthorne cited in note 77; Haakonssen, *Natural Law and Moral Philosophy*, especially chapters 1–2. The centrality of the concept of offices to eighteenth-century moral philosophy is shown by Ephraim Chambers's definition: 'MORALITY ... [when] used for the science or doctrine of morals ... amounts to the same with what we otherwise call ethics, moral philosophy, or the doctrine of offices.' *Cyclopedia*, 2 vols, London, 1741, 1743, art. 'Morality'.
81. Cf. the literature by McCullough and others discussed above.
82. Cicero, *On Duties*, ed. M.T. Griffin and E.M. Atkins, Cambridge, 1991, p. 58.
83. Thomas Reid, *Practical Ethics*, p. 239.
84. Gregory, *Lectures*, p. 8.
85. Percival, *Medical Ethics*, pp. 45–6.
86. Reid, *Practical Ethics*, p. 238.
87. McCullough, as we saw above, suggests that one of Gregory's triumphs was to establish a medical ethics that was 'complete', 'comprehensive', and 'free standng' ('Virtues, Etiquette', p. 85). But both he, Percival and Rush explicitly saw medical ethics as 'special' and 'derivative' because it was dependent upon a larger system of social ethics – as large as human life.
88. William Blackstone, *Commentaries on the Laws of England*, 4 vols, Oxford, 1765–9, vol. 3, p. 163.
89. For an account of the Slater case, see R. Faden, T. Beauchamp and N. King, *A History and Theory of Informed Consent*, New York, 1986, pp. 116–17, where the case, however, is only related to the question of informed consent, not to the underlying idea of implied contract.
90. *Slater* vs. *Baker and Stapleton*, 95 Eng. Rep. 860 (K.B. 1767); quoted from P.S. Appelbaum, C.W. Lidz and Alan Meisel, *Informed Consent. Legal Theory and Clinical Practice*, New York, 1987, p. 36.
91. F. Hutcheson, *A System of Moral Philosophy* (1755) in *Collected Works*, Facsimile edition, ed. B. Fabian, 7 vols, Hildesheim, 1969–71, vol. 5, I.iii.
92. Like Hutcheson, Butler saw it as a prime concern to refute what he

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took to be Hobbes's denial of benevolence in human nature. Butler argued that we are naturally inclined to desire the well-being of others just as we desire our own well-being. In his discussion of proper self-love, he suggests that the pursuit of self-interest in the sense outlined here would, if more generally cultivated, 'prevent numberless follies and vices'. Butler, *Fifteen Sermons Preached at the Rolls Chapel*, ed. T.A. Roberts, London, 1970, p. 15 (Preface).

93. Hobbes identified 'manners', in the sense of 'decency of behaviour', as 'small morals'. *Leviathan*, ch. 11.
94. Ephraim Chambers, *Cyclopedia*, art. 'Ethics' and 'Morals'; *Encyclopaedia Britannica* ..., 3 vols, Edinburgh, 1771, art. 'Moral'. The *Encyclopaedia* gives no definition of 'ethics' but refers to 'Moral'. The latter article ends with a reference to 'Moral Philosophy', a major treatment of the topic, derived from David Fordyce, which we will make use of in subsequent chapters.
95. Gregory, *Lectures*, pp. 33–4.
96. It is therefore a distortion when McCullough suggests that the Enlightenment medical ethics set in train by Gregory got rid of the parochial and the particular and became a universal moral theory. The design was to balance the two. See McCullough, 'Medical Ethics in Great Britain and the United States', p. 962.
97. Cf. Daniel Roche, 'Talent, Reason and Sacrifice: The Physician During the Enlightenment', in *Medicine and Society in France*, ed. R. Forster and O. Ranum, Baltimore, MD, 1980, pp. 66–88. I return to this issue in Chapter 3 below.
98. John Gregory, *A Father's Legacy to His Daughters*, Edinburgh, 1788; Thomas Percival, *A Father's Instructions to His Children*, London, 1775; and Benjamin Rush, *Essays Literary, Moral, and Philosophical*, Philadelphia, 1798.

2

John Gregory: Medical Ethics and Common Sense

Personality and Profession

Life and Career

John Gregory was born in 1724 in Aberdeen to a family described as 'a memorable example of inherited intellect'.[1] Gregory's ancestors included David and James Gregory, who were friends of Isaac Newton, and among the earliest proponents of Newtonian science in Britain. Gregory's father James was a physician and 'mediciner' at King's College, Aberdeen, a position his two sons would hold in succession.[2] When his father died in 1731 the supervision of Gregory's education was left to his maternal grandfather, George Chalmers, the principal of King's College,[3] and to his older brother James, an Aberdeen physician. His early education was also influenced by his cousin Thomas Reid who became his intimate friend and intellectual mentor.

Gregory received his early education at the grammar school in Aberdeen and his university education at King's College under the regency of George Chalmers. His studies included Latin, Greek, ethics, mathematics and natural philosophy.[4] After graduating from King's College, Gregory served as an apprentice to his physician brother and, encouraged by the experience, he left Aberdeen in 1742 to study medicine at the University of Edinburgh.

In his memoirs, Gregory's friend, Alexander Carlyle described aspects of the education they received first in Edinburgh and later at Leyden in Holland. Gregory's Scottish teachers were 'of That First Set, who rais'd the Fame of the School ... above that of any other in Europe'.[5] During his three years at Edinburgh he attended the anatomy classes of Alexander Monro, the founder of both the

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medical school and a dynasty of anatomists who would monopolize the teaching of that subject for most of the century. His other teachers included Drs Andrew Sinclair, Charles Alston, Andrew Plummer and John Rutherford whom he was to succeed in the chair of the practice of physic. It was, as we noted above, this group of medical scholars who brought Boerhaave's ideas and methods to Edinburgh. From them Gregory received the most up-to-date medical education available in Britain.[6]

Although few details are available concerning Gregory's student years at Edinburgh, it is evident that he availed himself of the many opportunities open to a sociable, well-connected and highly ambitious young student. In his medical ethics Gregory included a glowing testimony to those features of his Edinburgh education he most valued and which he later enthusiastically promoted in his medical teaching and writing:

> To this university I owe, in a great measure, my own education; but there are none of my obligations to it which I remember with more gratitude, than the acquisition of some portion of that freedom of spirit, for which it has been always distinguished. The medical societies of students, which have been conducted with decency and regularity, have in this, as well as in other respects, produced the best effects. In these, they have been taught to feel and exercise their own powers, to arrange their ideas, and to express them with facility; and that honourable emulation has been excited, which is a principal spring of diligence and activity.[7]

The Royal Medical Society of Edinburgh played an important role in the careers and reputations of generations of medical students. It became a forum for some of the great medical debates of the century and during his student years Gregory witnessed the challenge of medical students to Boerhaave's great system. He noted approvingly that the founders of the society were never blinded by their veneration for Boerhaave but were guided throughout by 'reason, philosophy and experiment'.[8]

After three years at Edinburgh, Gregory proceeded to Leyden like his teachers before him. Part 'Grand Tour', the sojourn in Holland still held some attractions. However, if Alexander Carlyle is to be believed, these were not, at least for Gregory and his friends, of a strictly academic kind. He reports, as we have seen, that despite the fame of Boerhaave's successors Gaubius, Albinus, Van Royen and, especially, van Musschenbroek, Gregory attended few lectures. Like the twenty-one other British students in Leyden in 1745, he preferred to associate informally in groups 'where the Conversation

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of Young Men of Good Knowledge, intended for different professions, could not fail to be Instructive'.'

Professor and Doctor

During his year at Leyden, Gregory received an unsolicited degree of doctor of medicine from King's College, Aberdeen, and in 1746 he was elected regent at that university. As Paul Wood has shown in his recent study of the King's College curriculum, Gregory taught a wide variety of subjects including mathematics, natural history and moral philosophy. Wood claims that it is at least probable that he taught the outlines of the Newtonian system in his general physics lectures, that he found ample expression for his Baconianism and that he instructed his young students in the polite learning and urbane moralizing so popular in the Scotland of his day.[10] In 1749, Gregory resigned his teaching position to take up the practice of medicine. A few years later he married, and moved to London in search of better prospects.

During his years in London, 1754–6, Gregory was made a Fellow of the Royal Society (1754), began a practice, and became part of a social circle identified with Sir George Lyttelton, who had been a political opponent of Sir Robert Walpole and who was a patron of literature and a friend of the famous bluestocking, Elizabeth Montagu.[11] Gregory's relationship with Montagu was a lasting one and on his death he left one of his daughters in her care. He enjoyed the society of his London friends and may even have established a successful practice. Nevertheless, in 1756, on the death of his brother James, he returned to Aberdeen to take up the position of Mediciner at King's College.[12]

The office of mediciner was an ancient one, instituted when King's College was founded at the end of the fifteenth century. At that time the study of medicine was considered an integral part of the university curriculum and every educated man was expected to have a general knowledge of medicine. The medical skills of gentlemen scholars were deployed by local clergymen and landowners who doctored their parishioners and tenants when country roads were impassable and physicians scarce. Traditionally, the King's College mediciner was a regent in the faculty of arts and conducted a medical practice in Aberdeen. Although the College granted degrees in medicine, the title 'doctus in medicina' (learned in medicine) was given primarily as a recognition by the university of high professional attainment and not as a licence to practise.[13] By the eighteenth century, the earlier medical humanist teaching in

Scotland was being replaced by the rational or scientific medicine taught initially by Boerhaave, and the Aberdeen degree had begun to lose its original currency.

When Gregory returned to Aberdeen to take up the chair of medicine (by now a virtual sinecure) he attempted with a colleague, Dr David Skene, to establish a modern medical school. In this he failed, but he did succeed in helping to establish, with his cousin Thomas Reid, one of eighteenth-century Scotland's leading intellectual clubs, the Aberdeen Philosophical Society or Wise Club (1758).[14] As Samuel Miller, a contemporary American historian observed, the learned societies and academies of the eighteenth century not only made a significant contribution to Enlightenment arts and science, they did so chiefly by increasing and facilitating the 'intercourse of men'.[15] Miller explained that by attracting groups of scholars, the learned societies 'kindled a spirit of emulation among the learned'. From these groups arose 'new methods and objects of inquiry, discoveries and observations' which might otherwise have been lost to the world. And, because the intellectual horizons of these literary and scientific associations were international, they

> bind more closely together the members of the republic of letters in different quarters of the globe, and teach them to feel as brethren embarked in the same cause. They may even be said, in some instances, to have a great influence in advancing national prosperity, and promoting a spirit of general improvement.[16]

Based on the 'improving' principles celebrated by Miller, the Aberdeen Philosophical Society (1758) provided an extra-collegiate forum for its members, most of whom were either professors or clergymen. The most eminent member of the club was Thomas Reid with whose common-sense philosophy it has always been identified. Gregory's Club was one of the most scholarly and convivial of the Scottish societies and the list of influential publications which grew directly out of the discourses read at its meetings is evidence of its intellectual vitality.[17] These included Thomas Reid's *An Inquiry into the Human Mind, on the Principles of Common Sense* (1764); James Beattie's *An Essay on the Nature and Immutability of Truth* (1770); Alexander Gerard's *Essay on Genius* (1774); George Campbell's *Philosophy of Rhetoric* (1776); John Gregory's *A Comparative View of the State and Faculties of Man with Those of the Animal World* (1765); and James Dunbar's *Essays on the History of Mankind in Rude and Cultivated Ages* (1780).[18] John Gregory was an active member of this Society and served as its

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president in 1764. His popular treatise, *Comparative View*, grew out of five of the six discourses he delivered to this society.[19] Many of these essays reflect the Common Sense ideas of Thomas Reid and James Beattie. It was also in the Society that Gregory began to explore the topics which he later developed in his medical ethics. Like Reid and Beattie, he saw it as an important task to defend the principles of Christianity against the threat of atheism and scepticism, particularly as contained in the philosophy of David Hume. Like many of his contemporaries, Gregory both admired and feared Hume. In a letter to James Beattie in 1767 he remarked that before Hume no man of real genius in Britain had 'ever thought of subverting every principle of natural religion'.[20] However, when Beattie mounted a vicious *ad hominem* attack on Hume, Gregory strongly condemned his friend's zealotry. He emphasized that, while he too detested Hume's philosophy, he, nevertheless, 'loved Mr Hume personally as a worthy agreeable man'.[21]

The general philosophical orientation of Gregory's thought was clearly worked out before he, in 1766, took up the chair of physick at Edinburgh. Not only did he share Thomas Reid's views on the importance of religion to morals but most of the key epistemological and methodological assumptions of his Common Sense philosophy. Like Reid, he emphasized the importance of a proper empirical foundation for the sciences (including that of morals) in accordance with Bacon's rules of induction. All knowledge, including medicine and religion, had its foundation in 'nature' and 'common sense',[22] and all hypothetical systems, including medical ones, were to be met with scepticism. Significantly, Gregory shared Reid's interest in the study of the mind and especially its connections with the body.[23] His views on the benefits and harms of commercial society and on 'luxury' and its effects on morals were also ones that he shared with Reid and other members of the Society and which shaped his account of the duties of a modern physician.

Gregory's career as a medical teacher in Edinburgh was a brief one – he died in 1773, eight years after he took up his chair – and throughout his tenure he lived in the shadow of his more established medical colleagues, Alexander Monro secundus, Joseph Black and especially William Cullen. This was, however, illustrious company and the imprimatur of Edinburgh guaranteed that Gregory would continue to have an influential voice in the medical world of the Enlightenment. His contemporary reputation was not, in any case, solely due to the prestige of his teaching position or his medical

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publications, but also the result of two popular treatises which assured posthumous fame for the rest of the eighteenth century and beyond.

Gregory's book on medical ethics was preceded in 1765 by the publication of the afore-mentioned *Comparative View of the State and Faculties of Man with Those of the Animal World*.[24] The work received immediate acclaim in Britain and abroad and established Gregory's reputation as a philosophical physician and as 'a successful observer of the external nature and man', as William Smellie, a former student and future biographer, put it.[25] Like all his work, *Comparative View* was pious, polite, and didactic. His primary aim was 'to improve the taste and understanding of his reader, to mend his heart', and 'to point out to him the proper use of philosophy, by showing its application to the duties of common life'.[26] The work offered a *mélange* of popular topics, ranging from the management and education of infants and the genetic perfectibility of man to the principles of taste in music and the role of philosophy in the development of medicine, agriculture and religion. Gregory's Baconian-inspired views on the healing power of nature and the importance of demystifying and disseminating medical knowledge to the layman were to become central themes of his medical ethics.

Despite its didactic nature, Gregory's contemporaries described his work as 'ingenious and elegant'[27] and its author as 'one of the most agreeable and amiable men of Learning any country has produced'.[28] One laudatory review even suggested that 'with respect to natural ease and unaffected elegant simplicity of style [*Comparative View*] is not to be exceeded in any language ... Gregory's style may be compared to the acting of Garrick ...'[29] It was, moreover, as popular in America as it was in Britain. Thomas Jefferson presented a copy to his daughter in 1792 on the birth of his first grandchild, evidence perhaps of its enduring appeal and its reputation throughout the latter part of the century as a valuable guide to early infant care.[30] With Gregory, too, we can begin to trace the influence of Rousseauan moral and sentimental naturalism on the more practical tradition of Scottish medical philosophy, a tradition exemplified by William Cadogan's popular work, *An Essay upon Nursing, and the Management of Children* (1748).[31] *Comparative View* was in fact one of the earliest and most influential of many eighteenth-century works to expound Rousseau's ideas on infant nursing and maternal care. Like the latter, Gregory encouraged a return to maternal breast feeding as part of a programme of moral regeneration in an increasingly materialistic society – a lesson unlikely to have been lost on the architects of the new republic.

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Comparative View can also be seen as a prominent example of the body of 'polite' literature that flourished among the professional classes in Scotland during this period. It shares with the writings of Gregory's fellow literati, particularly the moderate clergy, the ethical preoccupations, literary style, and scientific methodology of the Scottish Enlightenment. Like many physicians and educators, Gregory adopted the polemical strategies of the more reform-minded clergy and adapted them to his own campaign to reform medicine. He attacked the character of the professional physicians or 'tyrannical expert men', just as the clerics assailed 'zealous orthodox divines'. In *Comparative View* he laid the groundwork for his creation of the ideal physician – 'the man of science and art ... [with] a liberal, knowing or disinterested spirit' – who was the medical equivalent of the reforming moderate clergy. Gregory's similarity to the moderate wing of the Church of Scotland is an important feature of his medical ethics and one which this study will develop.[33]

Gregory's second non-medical treatise, *A Father's Legacy to his Daughters*, was a conduct book for young ladies, published posthumously in 1774. Like his first work, it was an immediate success and, according to one of his biographers, 'soon had its place on every girl's table'.[34] By the end of the century, *Legacy* was the most reprinted book of this enormously popular genre in Great Britain.[35] Although Gregory was viewed by his contemporaries as a great champion of women who argued that they were morally superior to men, there is little in this work to challenge more orthodox views. Gregory promoted the traditional female virtues designed to encourage passivity and amiability and just as predictably warned against any display of overt self-assertion. 'Be even cautious in displaying your good sense' he told his daughters and added, for good measure, 'if you happen to have any learning keep it a profound secret, especially from the men'.[36] Gregory's advice to young ladies guaranteed his posterity in the annals of feminist criticism now as well as in his own century. His most famous critic, Mary Wollstonecraft analysed the assumptions on which, she argued, Gregory's entirely specious arguments rested and concluded that his *Legacy* was more likely 'to render women the objects of pity bordering on contempt' than lead them to the path of true virtue.[37] Wollstonecraft, however, also attacked other famous perpetrators of the same crime, including Rousseau, Lord Chesterfield, James Fordyce and a group of female etiquette mavens who acquiesced in the notion of their natural inferiority. All, it is

worth noting, received much harsher treatment than Dr Gregory whom she approached 'with affectionate respect'.[37]

The poignant last words of a dying man to his soon-to-be-orphaned daughters appealed to a public taste shaped by the sentimental literature of Rousseau, Richardson and Henry Mackenzie, whose tender-hearted protagonist in *The Man of Feeling* died suddenly from an excess of joy. While Gregory died more prosaically from what he himself diagnosed as 'hereditary gout',[38] he continued to invoke in the minds of his readers the figure of the Scottish 'man of feeling'. His death was commemorated in appropriately sentimental style by James Beattie, in his famous poem 'The Minstrel'.[39]

Historians have for some time acknowledged the influence of eighteenth-century sentimental literature on the development of the modern family and, more recently, the part played by Scots such as Gregory, James Fordyce and Henry Mackenzie has been noted.[40] Nevertheless, little has been written about the possible influence of such literature on the development of a modern medical conception of women. It is likely, however, that a physician who could convincingly claim to be an expert on women's minds as well as their bodies and whose pronouncements were eagerly sought by several generations of British and American women was also in a good position to influence the course of medical practice *vis-à-vis* the female patient.

While Gregory's reputation as a common-sense moralist played an important role in the later influence of his medical ethics, his contribution to the medical world of his day must also be considered. In 1766, when he took up the chair of the practice of physic at Edinburgh its medical school was the most eminent in Europe. As we have seen, students from the Continent, from other parts of Britain, the American colonies, the West Indies and even from Russia flocked to Edinburgh for practical as well as educational reasons. Dissenting students, excluded on religious grounds from entering Oxford or Cambridge, were attracted to Edinburgh by the absence of religious oaths as well as by the prospect of a superior education. North American students, including the Quakers, also found the religious tolerance in Edinburgh congenial and the American link with Edinburgh was extensive. During the period of Gregory's tenure new medical schools on the Edinburgh plan were established in Philadelphia (1765) and New York (1767) and both were initially staffed by Edinburgh graduates. The great literary output of the medical school also accounted for much of its

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international stature [41] The medical ideas of men like Cullen, Monro and Gregory were widely disseminated in lectures, textbooks and in the published accounts of the debates held in the Royal Medical Society and in the Royal College of Physicians. Through their students the ideas of the Edinburgh professoriate soon became the basis of new curricula in the developing medical schools in Britain and North America.

While he lived in Edinburgh, Gregory held the office of First Physician to the King in Scotland and established a successful medical practice. Many of his patients were members of that city's social and intellectual élite, and those who left accounts of Gregory appear to agree with James Boswell that their physician was 'as amiable as he was benevolent'.[42] Lower-class patients are ominously silent on the treatment they received from medical men but there are at least no accounts of transgressions on Gregory's part. There are, by contrast, many contemporary accounts of the cruelty and arrogance of his close friend and fellow student at Edinburgh, the famous poet-physician Mark Akenside.[43] In a profession as overcrowded, critical and jealous as that of medicine in the eighteenth century, it was unlikely, however, that an eminent, voluble, Aberdonian outsider such as Gregory would escape with his reputation entirely unscathed.

Whatever Gregory's flaws, they were soon forgotten, as is usually the case with those destined by their societies to play the part of role model. Gregory's virtues on the other hand were elevated to those of a paragon and he soon became, as one contemporary wrote, 'a principal ornament' of his profession, and an influential model for generations of medical students in Britain and North America [44]

The Art and Science of Medicine

'Life is short, the art is long, opportunity is fleeting, experience treacherous and judgement difficult.'[45] The complex nature of medicine evoked by Hippocrates' famous aphorism, served as the rhetorical springboard for a long tradition of medical writing. Francis Bacon echoed earlier writers when he traced the inherent problems of medicine to the human body. The subject of medicine, wrote Bacon, 'is of all other things in nature most susceptible of remedy; but then that remedy is most susceptible of error' [46] Of the traditional arts, medicine was 'the most conjectural' and the science of medicine, one of its most 'exact and difficult'. Although it was 'a noble art', with 'a most illustrious pedigree', and 'the most learned of the professions' it was also one of the most difficult to judge.[47]

> The lawyer is judged by virtue of his pleading and speaking, not by the issue of the cause; the master of the ship is judged by his skill in steering, and not by the fortune of the voyage. But the physician and perhaps the politician, have no particular acts whereby they may clearly exhibit their skill and ability; but are honoured and disgraced according to the event, a most unfair way of judging.[46]

Bacon observed that it was not surprising given this situation that the honest practitioner of medicine should wonder why he should 'labour to be wise' when no one could tell the difference between a skilful or unskilful physician, a learned one or a quack. He argued that the fundamental problem of medicine was its lack of a solid empirical base of scientific knowledge:

> Medicine is a science which has been hitherto more professed than laboured, and yet more laboured than advanced; the labours spent on it having been rather in a circle, than in a progression.[47]

In his *Lectures on the Duties and Qualifications of a Physician*, John Gregory took up the problem of medicine as Bacon had presented it more than a century before. In the course of his lectures he developed an eighteenth-century response to Bacon's proposed solution, i.e. to advance the art of medicine by freeing its practice of 'imposture' and its science of 'conjecture'. His task, as he saw it, was to convince a new generation of physicians that it was indeed in their own as well as in their profession's best interest that they should 'labour to be wise'.

Gregory aimed to provide his students with what he believed to be the necessary tools for medical reform. He exhorted them to join the ranks of the philosophical physicians who based their practice on the solid foundation of science and he provided them with a detailed description of the moral and intellectual qualities a physician ought to possess and of course the professional vices to be avoided. Above all he taught that the ideal physician was one who was able to perfect the art of science and medicine and at the same time contribute to the advancement of its practice. At the heart of his reform programme was the idea that the physician was as morally bound to contribute to the advancement of his profession as he was to practise it with integrity and humanity.

Because Gregory's ethics successfully combine the classic with the contemporary, the customary with the innovative, it is difficult to pinpoint exactly those features of his ethics which most clearly reflect his own conclusions. In the following we shall explore what is his most valuable contribution to the development of modern

medical ethics, namely his attempt to establish the duties of the physician within the wider ambit of contemporary scientific reform and to do so by means of what he and his contemporaries saw as the science of morals. It is in this light that Gregory's ethics can best be viewed as a significant component of Enlightenment medical reform.

The Education of a Physician

The classic notion that each age of man – his infancy, childhood, youth and maturity – had a moral status was a characteristic feature of eighteenth-century Scottish moral philosophy. Gregory, like many other moralists and educators, addressed their professional ethics or duties to young men on the brink of their chosen careers. Youth was viewed as the 'seed time' of life and that stage when the moral virtues could best be cultivated.[10] It was a period, according to David Fordyce, when a young man's 'fancy' rendered him a fertile ground for the reception of the moralists' instruction.

> Passions as well as Perceptions take a more extensive Range. New Senses of Pleasure invite him to new Pursuits, he grows sensible to the Attractions of Beauty, feels a peculiar Sympathy with the Sex, and forms a more tender kind of Attachment than he has yet experienced. This becomes the Cement of a new Moral Relation, and gives a softer Turn to his Passions and Behaviour.[11]

Fordyce's account of the nature of youthful passions was just one constituent of his natural history of man which provided the empirical foundation of his influential *Moral Philosophy*, or, as he also described it, his *Science of Manners or Duty*. According to Fordyce, the chief object of moral philosophy was man's duty and its task was to inquire:

> not how Man might have been, but how he is constituted, not into what Principles, or Dispositions his Actions may be artfully resolved, but from what Principles and Dispositions they actually flow; not what he may, by education, habit, or foreign Influence, come to be, or do, but what by his Nature, or Original Constituent Principles he is formed to be and do.[12]

For Gregory and many other philosophers of the Scottish Enlightenment, moral philosophy, like natural philosophy, was an empirical science based on induction. The subject of morals was man's particular nature and the exploration of his nature began with matters of fact. Fordyce, for example, explained that in order to determine the office or duty of a person, the philosopher must first:

> . inspect [its] Constitution, take every Part to pieces, examine their mutual Relations one to the other, and the common Effort or Tendency of the Whole.'[53]

These brief passages from the works of Fordyce indicate the general nature of the eighteenth-century Scottish academic moral philosophy, which informed Gregory's ethical writings and of which his inquiry into the duties of physicians would have been seen by his contemporaries as a particular branch. It is helpful here to recall the apparent assurance with which he addressed the duties of the female sex in his popular book of conduct, *A Father's Legacy to his Daughters*, which provides an instructive parallel to his lectures to young medical students. Academic moral philosophy was, it should be emphasized, exclusively directed to the young male student (typically 14 to 18 years old), but its subject was the same as that of the female book of conduct, *viz.* duty; specifically, a young man's duty to himself, to society and to God. In both cases, Gregory's confident tone arose from his recognized expertise as a trained and successful observer of human nature Gregory's observations were 'scientific' ones, his precepts based, or so he and his contemporaries believed, on the principles of human nature derived from 'the fullest induction of particulars which the subject will admit'. Like his daughters, Gregory's young students were not, as he exclaimed in his female conduct book, 'to be *made* into anything'.[54] They were, rather, to be moulded according to the plan which Nature had herself suggested and which it was his professional business to comprehend and forward.

Gregory's students were also at that stage in life when the moral qualities required for their chosen careers could best be inculcated. Indeed it was because of their 'enlarged sentiments' that Gregory was able to impress upon them the truths of medical practice or, as he explained, the fact that medicine could be either 'an art the most beneficial and important to mankind' or 'a trade, by which a considerable body of men gain their subsistence' He explained that while there was considerable tension between these two aspects of medicine, they were not necessarily incompatible and that the progress of medicine depended on their being resolved. His task, therefore, was to demonstrate that:

> the system of conduct in a physician which tends most to the advancement of his art, is such as will most effectively maintain the true dignity and honour of the profession, and even promote the private interest of such of its members as are men of real capacity.[55]

As we shall see, one of the most important features of Gregory's Common Sense medical ethics was his attempt to distinguish the concept of duty from that of interest. He argued that the true dignity and honour of his profession was directly connected to the fulfilment of one's chosen office for its own sake. Gregory's notion of regard for duty, as the contrast to pursuit of personal interest, was again given one of its clearest formulations by Thomas Reid.

> the principle of honour, which is acknowledged by all men who pretend to character, is only another name for what we call a regard to duty, to rectitude, to propriety of conduct. It is a moral obligation to do certain things because they are right, and not to do other things because they are wrong.[56]

It is also important to note that for the Common Sense moralists, the terms *moral sense*, the *moral faculty*, and *rectitude*, were all synonymous with honour. These terms, as Thomas Reid also noted, were merely the philosophers' fancy words for 'honesty, probity, virtue and conscience'. Reid explained that:

> What we call *right* and *honourable* in human conduct was, by the ancients, called *honestum* . . [and they] distinguished the honestum from the *utile*, as we distinguish what is a man's duty from what is his interest.[57]

Gregory's 'timely' advice to his students also had its classical roots in the first systematic programme of professional ethics, Cicero's *De Officiis* (translated as *On Duties of Life* or *Offices*).[58] As we saw in the first chapter, Cicero's and the Stoics' idea of the moral life as a web of offices with implied duties – eventually understood as implied contracts – was taken over by early modern natural law and moral philosophy, not least in Scotland. In this view each of man's pursuits had a particular virtue intrinsic to it and therefore a man's occupation imposed upon him certain duties which arose from the nature of that occupation. The virtues of sympathy and humanity were not, on this account, demanded of the physician alone but they were recognized as his special virtues, just as truthfulness was viewed as the distinctive virtue of a judge.[59] Professional virtues and duties were thus simply special cases arising from special circumstances.

Gregory put himself clearly in this tradition when he called his Edinburgh lectures *The Duties and Offices of a Physician*.[60] Like Cicero, Gregory believed that medicine was an office in life suitable for young men of 'spirit' and 'genius'.[61] Within the Christian providential scheme assumed by his audience, salvation in the

hereafter as well as one's earthly personal fulfilment were connected to the exercise of Christian virtues. Gregory and his philosophical peers believed that we are, first of all, God's creatures and, second, by the nature allotted us, social creatures. Each of us, man or woman, is endowed with a particular set of talents just as we are allotted a certain place or station in life. It was as Reid explained each man's duty 'to pursue the Noblest Ends' in order 'to obtain the Approbation of Almighty God, to be usefull to Mankind & to behave suitable to the Dignity of our Nature' [42] All forms of individual improvement, i.e. the pursuit of an education or the acquisition of a skill, could only be justified by their tendency to contribute to the overall good of creation. It is in this context that Gregory's initial remarks on the prospects of a medical career can best be understood It is also in this light that we can begin to appreciate the nature of the reciprocal contract between a physician and his patients as well as the one between a physician and the society in which he professed to serve An important part of that 'contract' was the acquisition of an education appropriate to the 'honour and dignity' of a new, improved medical profession, and in this Bacon loomed large as part of Gregory's background.

A Baconian Reformer

The flattering view shared by most classical writers on medicine that it, of all the liberal professions, required 'the most comprehensive mind' was the central problem and challenge posed by Gregory for his students. He explained that medicine was a complex body of knowledge much like other learned professions but that, unlike them, it lacked 'fixed laws' or 'statutes' to which the practitioner could refer in doubtful cases. It also lacked an appropriate body of men who were qualified to adjudicate these controversial matters. As Bacon had noted, the profession of medicine, unlike that of the law, could not base its judgements on a recognized common law. And this, he believed, called for a return to the Hippocratic case study. A lawyer himself, Bacon advised that the physician did not need to adopt the 'lawyers' wisdom', i.e. carefully to 'report new cases and decisions for the direction of future judgements' as he had only to follow the example of Hippocrates and 'set down a narrative of the special cases of his patients'.[43] In his *Lectures*, Gregory, whose chief goal was to effect a Baconian reform, explained that the task had barely begun and because the physician could not, like the lawyer, turn to 'a common law' he must depend largely on his own judgement:

> Every physician must rest on his own judgement, which appeals for its rectitude to *nature* and *experience* alone. Among the infinite variety of facts and theories with which his memory has been filled in the course of a liberal education, it is his business to make a judicious separation between those founded in nature and experience and those which owe their birth to ignorance, fraud or the capricious systems of a heated and deluded imagination.[64]

To this essentially Baconian message, Gregory added that in medicine, unlike the other liberal professions, there was no disinterested judge of a physician's merit. His reputation was, unfortunately, in the hands of colleagues, 'whose interest interferes with his' and who, moreover, have every reason to conceal or depreciate it. Because of his precarious position it was all the more necessary for the physician to be endowed with good sense and a knowledge of the world, as well as intellectual ability.[65] Hence the physician had the moral duty to seek the best education possible and to develop the qualities necessary for him to fulfil the duties of his profession.

At the top of Gregory's list were those sciences directly connected to the practice of medicine: anatomy, physiology, natural philosophy, chemistry, 'the laws of the union between mind and body', the laws of the nervous system, comparative anatomy, pathology, theory of medicine, *materia medica*, botany, and natural history.[66] He suggested that while it was possible to practise medicine without theoretical training just as one might be able safely to sail a ship without knowing the principles of navigation, it was nevertheless crucial and no progress could be made without it. Moreover, because 'there can be no general rules laid down for the practice of physic, which can be applied in all cases'[67] and as so many factors are to be considered, such as age, constitution and climate, a physician who did not understand the basic principles of medicine would be at a loss. Equally, no person could become a specialist in all branches of medicine and thus it was prudent to concentrate on the fundamental principles of each. While a rational physician must have a grounding in the science of medicine, he could not be the gentleman practitioner Gregory recommended, unless he was acquainted with other branches of polite learning of which the most important was the history of medicine. Because an understanding of past error was a precondition for knowledge, the physician must be aware of the problems inherent in his profession. According to Gregory, the history of medicine provided many salutary lessons. It demonstrated the effects of 'false reasoning and

superstition', the manner in which 'fanciful ideas appeared at different times in new guises' and it was a useful reminder of 'forgotten but efficacious remedies' Above all, it taught how medicine had been gradually improved through the ages, less by the theories of philosophers than by the process of experiment and the folk wisdom of common people.[46] Here again, his message and the language were essentially those of Bacon.

Like other reformers in the Baconian mould, Gregory was also an enthusiastic promoter of the proper use of language and writing. Clarity and grammatical exactness were to be viewed as crucial to the advancement of scientific medicine and took precedence over classical purity and elegance of style. In this sense, Gregory insisted, the right use of language was as much a matter of moral obligation as any part of the physician's training.[47]

Gregory's scheme for the improvement of medicine also drew upon Bacon's four-fold division of medical knowledge His definition of medicine, as 'the art of preserving health, of prolonging life, of curing diseases, and making death easy', was Bacon's, as were the other three categories, i.e. the 'athletick' arts 'of improving the different faculties of the human body', the 'cosmetick' art of 'the preservation and improvement of beauty' and finally, of special importance to Gregory, Bacon's famous doctrine concerning the 'League of Man', which he referred to as:

> The laws of union between the mind and body, and the mutual influence they have upon one another This is one of the most important enquiries that ever engaged the attention of mankind, and almost equally necessary in the sciences of morals and medicine.[48]

Gregory's elucidation and enumeration of the many important inquiries connected to 'the laws of union between the mind and the body' was an indication of the central role it played in the eighteenth-century attempt to create an empirical science of man.[49] Gregory's great interest in this subject is evident in his earlier work *Comparative View*, where most of the topics he discussed in his medical ethics were first elaborated. Gregory's discussion of the role of imagination was particularly important for the development of his physiology as well as his views on such varied topics as moral education, scientific method, religion and, most importantly for his ethics, the role of sympathy. Like other subjects of scientific inquiry, the study of the union of mind and body was thought to be open to observation and experiment. Following Bacon and many later

philosophers, Gregory encouraged scientific forays into such topics as the history of dreams, customs, and enthusiasms, all of which were believed to be capable of providing physicians with the materials necessary for further investigation in logic, ethics, politics and medicine.[72]

Gregory's discussion of scientific methodology was also heavily influenced by Bacon's programme for the reform of the sciences. Most prominently, he employed the famous typology of the various misconceptions known as the 'idols' that arise out of human perception. Equally apparent are Bacon's ideas for medical reform in Book II of *The Advancement of Learning*.[73] Gregory shared Bacon's distrust of abstract philosophical systems and all experimentally indefensible hypotheses. He argued that medical science, like natural science in general, must reject 'the tyranny of authority' and rebuild itself 'on the more solid basis of nature, on facts, and an accurate induction from them'.[74] Only medical knowledge grounded on experience and observation could lead to inventions useful to man. The ideal scientist would no longer be a solitary monkish figure but one who was active in society for the benefit of others. Scientific knowledge could most profitably be pursued in a public arena by a multitude of men with a variety of skills and education instead of being, as it had so often been in the past, the private work of a few men of genius. Because all persons have a natural capacity for observing the phenomena of nature, all are to some extent able to participate in the great task of gathering new scientific facts. Most importantly, Gregory remarked,

> one of the chief advantages of a regular education, and of studying medicine on a systematic plan, arises from its rendering students more capable of distinguishing between real facts, and inferences of the mind mistaken for them, between a visionary hypothesis and a just theory.[75]

Science and Fiction

Gregory warned that in his search for true knowledge the traps and pitfalls were more often those which existed in the mind of the researcher himself. Naturally credulous, all men possess an original principle planted in the human mind 'whereby it is led to believe that the course of nature is regular':

> So ardently do we find everything that happens within our observation, thus connected with something else, as its cause or occasion, that we are apt to imagine connections upon the slightest

> grounds; and this weakness is most remarkable among the ignorant who know least of real connections established in Nature.[76]

Credulity was an 'instinctive' original principle which also disposed the inexperienced to believe everything told to them.[77] Only knowledge and experience corrected this natural propensity. Gregory argued that it was not solely from one's own nor from the testimony of others that such experience could be acquired because both sources were likely to be fallacious and defective. And even if a sense impression was correctly received it was likely to have been acted upon and modified by the imagination. As Gregory explained

> every part of natural history, and medicine above all others, is crowded with facts, attested by eye-witnesses of supposed veracity; which, notwithstanding, had never any existence but in their own imaginations.[78]

If our own senses fail us and we cannot rely on the testimony of others, how was knowledge to be acquired? How are we, in other words, to know 'the real connections established in Nature'? Gregory explained that while the peasant and the philosopher alike were credulous and disposed to being deceived by simple appearances, only the latter was sceptical and thus derived his conclusions from more 'enlarged' experience and 'acute' observations.[79]

In his chapter on the proper (Baconian) methodology in medical science Gregory attempted to demonstrate that various 'idols' could impede progress and prevent the establishment of natural philosophy on a solid foundation. These included 'the impatience of men to refer all events to general laws', 'false reasoning', 'imaginary analogies', the belief that 'the laws of nature [are] fewer and simpler than they really are' and the tendency to become blinded to or suppress the inherent difficulties of an experiment when a discovery appeared likely. Gregory emphasized that diffidence and candour were the key virtues of the 'new science' and that the uneasiness of mind produced by this 'state of suspense', although disagreeable, was nevertheless 'a powerful incitement to such enquiries as may remove it'. He added that it was not this form of healthy scepticism or epistemological insecurity that impeded science but rather the false security that a zealous attachment to one's theories inevitably produced.[80]

While the aberrations of the mind described by Bacon led to false systems and theories, it was, according to Gregory, even more futile to declaim against reason and theory as 'useless and delusive' because no science could progress without it:

> In every useful experiment, and especially in conducting a train of experiments, we must employ our reason; there must be some point of view, some anticipation of a principle to be established or rejected and reason must determine all the circumstances to be attended to in making every observation, or experiment with a view to discover the truth.[41]

The problem was that some people reason better than others. Those who reason well are 'deeply sensible of the difficulties of enquiry' into the causes of diseases and effects of remedies and 'candid' in the acknowledgement of their mistakes:

> if the cause does not admit of a direct proof, they consider their principle as only more or less probable, but never relinquish the pursuit. These I think have a just claim to the title of rational physicians.[42]

On the other hand, physicians who committed the 'fallacies' Gregory had previously described could not claim this title. Their methodological sins were moreover very great indeed. They tended to form hypotheses on scant evidence and resorted to vague analogies. In practice, they neglected particular observations in the belief that their general principles were well enough established not to need further confirmation. Since antiquity there had been these two sorts of physicians:

> one pretending the strictest regard to observation and experience, but stigmatized by their opponents as quacks; the other assuming the name of rational or dogmatical physicians, but accused of ... being attached to imaginary hypotheses, either wholly inapplicable to practise, or corrupting it with errors.[43]

Although Gregory's discussion of the distinction between the two sects of physicians, the 'empiricists' and the 'dogmatists', was a common-place in eighteenth-century medical literature, he nevertheless used it to set the stage for what his contemporaries saw as an original contribution to professional reform. But first he had to demonstrate how the two sorts of traditional physicians, by combining their respective intellectual resources or characteristics, could strengthen and advance medicine.

According to Gregory, the terms used to describe the two categories of physicians were themselves pejorative and consequently divisive. As he explained, the term 'empiric' was often synonymous with quackery, when properly speaking it simply denoted 'a physician who regards experience and who is directed by it in his practice'. The terms 'rational' or 'dogmatic' were equally open to

derision and to many suggested a character 'conceited, dictatorial, and obstinately attached to particular opinions'. In the original sense, however, a dogmatist was 'one who endeavoured to reduce knowledge of diseases to certain principles'.[84]

Gregory's solution to the problem set by the 'empiricists' and 'dogmatists' was (like Boerhaave's) a compromise between the two medical sects. The science of medicine could not advance if it proceeded on a purely empirical basis and, equally, the practice of medicine could not be based on pure speculation. Ideally, he argued, medical students should be taught the elements of their science by uniting the *analytic* with the *synthetic* method. The former was the most efficient way of communicating knowledge while the latter, with its emphasis on facts, was the most conducive to the creation of improvements in the science. The most important benefit from this method of study was that physicians would, from the beginning of their studies, attend clinical lectures and become familiar with the signs and symptoms of the various diseases and thus acquire 'the habit of attention and discrimination and bring the truth of general principles to the test of experience'.[85]

The Laying Open of Medicine

That 'no science had suffered as much as medicine by the neglect of its true end' was another Baconian common-place of medical writing employed by Gregory. In his *Lectures* he argued that it was not the paucity but surfeit of brilliant men who had brought medical science to a standstill. The reason he explained was the predilection of certain physicians for abstract theorizing and a taste for the recondite which resulted in elaborate but useless classificatory systems and a body of ideas founded on delusion and superstition rather than on observation and experience. Gregory exhorted his students to 'throw off the shackles of authority, to appeal to Nature in Matters of fact and to assert the right of private judgement in matters of opinion and reasoning'.[86] Gregory did not condemn all medical systems. He praised the nosological system of his colleague William Cullen, for its simplicity, clearness and precision, and that of the great Swedish naturalist Linnaeus for its utility and application to agriculture and medicine.[87] He noted approvingly, however, that one of the greatest of the natural scientists, Robert Boyle, did not 'draw his large and useful collection of facts' from the schools of philosophy but from 'strolling chymists and the lowest artificers'.[88]

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The methodological problems of the medical sciences were, however, not the greatest problem faced by the medical profession. While the candid and rational physician may have freed himself from the shackles of past authority, his own credulity and his peculiar intellectual tastes, he had still to contend with less enlightened colleagues who practiced medicine 'merely as a trade'. Moreover, as Bacon had warned, there was virtually no way the ordinary patient could distinguish between the two sorts of physicians because medicine, unlike the professions of law and divinity, was kept 'concealed from the world':

> the art must necessarily be practised in so private a manner, as renders it difficult for the public to form a just estimate of a physician's knowledge from the success of his practice. Accordingly in no other profession is the reward of merit so uncertain.[29]

The private nature of medicine had made it possible for men of little more than ordinary sense and good manners to rise to positions of eminence. And because there were few rewards for true excellence in medicine, the best physicians soon perceived that the knowledge most profitable to them was not that of medical science but the arts of 'insinuation' and 'ostentation'.[30]

Gregory's proposed solution to this problem was to make medicine a more public science by training scientific non-physicians to act as judges of physicians' merits. 'How rapid a progress', he speculated:

> would the practical part of medicine make, if physicians were at equal liberty to improve it, under the inspection and patronage of men qualified to judge their merit, and who were under no temptation, from sinister motives, to depreciate it?[31]

Gregory's disinterested judges as opposed to the all too interested members of his own profession were to be independent gentlemen scholars whose liberal education included the study of the medical science. As he saw it,

> Such judges, not fettered by early prejudices, unawed by authority, and unbiassed by interest, would canvass with freedom all the commonly received principles of medicine, and expose the uncertainty of many of those maxims of which a physician dares not seem to doubt.[32]

Gregory's ideal judges were not mere high-born dilettantes with a penchant for medicine. They were rather some of the great contributors to the development of modern scientific medicine in

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Britain. Most eminent was Francis Bacon, whom he praised for having 'as enlarged views of medicine, of its deficiencies, and the proper method of supplying them, as perhaps any physician who ever wrote'. Another exemplar, Stephen Hales, was praised as one of medicine's great benefactors, and Robert Boyle as the greatest British scientist next to Newton.[93]

Gregory claimed that medicine traditionally had been closed to all but the trained 'faculty' physicians who had, in their own defence, argued that it was far too abstruse to be understood by laymen. They also claimed that opening medicine to non-physicians would encourage quackery and that the possession of medical knowledge in the hands of the public would result in their minds being filled with imaginary diseases.[94]

In response, Gregory argued that the laying open of medicine to the élite judges as well as to the educated members of society would be highly beneficial. The problem of quackery he dismissed on the humanitarian grounds that those who have no access to physicians will naturally turn to family, neighbours, and bystanders. He argued that it was far better that the ordinary man's adviser, whoever that person might be, should be informed by 'art' rather than by 'fancy':

> If, by withholding this assistance, every disease, where a physician was not consulted, was to be left to nature alone, physicians would have a plausible excuse for keeping the world in ignorance; because it might be alleged, that more diseases would be cured by the efforts of unassisted nature, than by the random management of people imperfectly instructed in medicine.

But this was rarely the case. Poor patients, he warned,

> are so far from being left to nature, when no physician is called, that they are commonly oppressed with a succession of infallible cures recommended by quacks, or their weak and officious friends.[95]

According to Gregory, young physicians were controlled and intimidated, not by people 'whose education and knowledge should make their opinions respectable', but rather by ignorant and conceited people. By contrast they would have nothing to fear from his proposed patrons, 'the gentlemen of science who have turned their attention to medicine'. By laying medicine open and encouraging such men to study it,

> the interests of humanity would be promoted, the science would be advanced, its dignity more effectually supported, and success more certainly secured to every individual, in proportion to his real merit.[96]

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